

*BEST COPY*  
*AVAILABLE*

NSA review completed

APPENDIX D

SECURITY CLASSIFICATION, IF ANY  
**INDIVIDUAL CAREER APPRAISAL AND  
DEVELOPMENT PLAN**

INSTRUCTIONS

PREPARE 4 COPIES  
1 & 2 - Forward to cognizant  
Personnel Office  
3 - Supervisor Copy  
4 - Employee Copy

This form is to be completed in conjunction with the annual Employee Performance Appraisal Form (PI Rev Aug 74) on each graded civilian employee assigned to the cryptologic

community at grades GS-07 through GS-15 (All information will be reviewed by supervisor's superior.) Reference NSA/CSSPMM 30.2, Chapter 340.

SOCIAL SECURITY NO.	NAME (Last, First, MI)	DATE
GRADE	ORG	EMPLOYING ACTIVITY (e.g. NSA/CSS, ASA)
POSITION TITLE	ORG (Div, Branch)	

**SECTION I - A - NEXT CAREER OBJECTIVE** - In three to five years, identify next most logical progression step for advancement of the employee. (Technical competence, professional qualifications, job people done and initiated, personality traits, supervisory potential abilities are factors among which the best career progression should be planned.) If CURRENT ASSIGNMENT SATISFIES EMPLOYEE'S IMMEDIATE CAREER OBJECTIVE, DO NOT COMPLY WITH THIS SECTION AND PROCEED TO SECTION II.

**B - TRAINING COURSES AND DEVELOPMENTAL EXPERIENCES FOR NEXT TWELVE MONTHS**

**SECTION II - A - IDENTIFY LONG RANGE GOALS** IF CURRENT ASSIGNMENT OR NEXT CAREER OBJECTIVE SATISFIES EMPLOYEE'S LONG RANGE GOALS. DO NOT COMPLETE THIS SECTION AND PROCEED TO SECTION III.

**B - SUPERVISOR'S RECOMMENDATIONS FOR EDUCATION, TRAINING, AND/OR JOB ROTATION FOR TECHNICAL/MANAGERIAL UPDATING AND FOR ACHIEVING LONG-RANGE GOALS**

**SECTION III - EMPLOYEE WILL RECORD COMMENTS ON HIS/HER CAREER APPRAISAL AND DEVELOPMENT PLAN. BE SPECIFIC AND SUPPORT BY FACTS/REASONS**

EMPLOYEE SIGNATURE

DATE

NSA/CSSPMM 30-2  
Chapter 340

SECURITY CLASSIFICATION, IF ANY

*(continued)*

SECTION IV - SUPERVISOR WILL RECORD COMMENTS CONCERNING THE EMPLOYEE'S READINESS FOR CAREER DEVELOPMENT AND PROGRESSION SUPPORTED BY SPECIFICS AND REASONS

SUPERVISOR'S SIGNATURE

SOCIAL SECURITY NUMBER

DATE

SECTION V - REVIEW AND COMMENTS BY SUPERVISOR'S IMMEDIATE SUPERIOR (Include information which will add significance to the overall appraisal and plan ONLY to the extent that the reviewer has direct knowledge of the employee being appraised)

SUPERVISOR'S SUPERIOR (Name, Title, Org.)

(Signature)

DATE

SECURITY CLASSIFICATION, IF ANY